

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

, ed441.									
Complete this report in duplicate a Send copy to Department of Healt)=10 % 10 min 10	
ALCO SENSOR IV SN 062093	PRINTER SN 093.3563.014					DATE OF INSPECTION 07/07/2015			
LOCATION OF INSTRUMENT (STREET AN 1001 Heroes Way, Sugar Cree								FINSPECTION 17 pm	
CHECKLIST: Place a mark in the		ch item if found	to be sa	ilsfactory or I	f operat	ing within es	. 		served val-
ues where determined.) Unmarked	l items m	ust be corrected	before	using instrum	ent.				
DIGITAL READOUT (ALL ELE	MENTS	OPERATIONAL)						
TEMPERATURE OF ALCO SI	ENSOR (10°C - 40°C)						a wante gande gebruik and a see a	
PRINTER WORKING PROPE	RLY								
TIME AND DATE DISPLAYING	3 PROPE	RLY	and have the set of th		atanida and Nasilania, ila				Otto Octobrio and State Control of the Control of t
BREATH ALCOHOL ACCURACY	STANDA	RDS			Nicolary (1997)	and the second s			
☑ SIMULATOR SOLUTION ☐ COMPRES						SED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER Guth	Laborat	ories	l	.OT#_15050		EXP. D.	ATE 03/09	/2017	
SIMULATOR TEMPERATURE	(34°C ±	0.2°C) <u>34.0</u>	SIM	ULATOR SN	SD	3136 sı	MULATOR	EXP DATE 07/	07/2015
less. Check the box correspond 0.100% STANDARD - MU 0.080% STANDARD - MU 0.040% STANDARD - MU	ST READ ST READ	BETWEEN 0.0 BETWEEN 0.0	195% an 176% an	d 0.105% INC d 0.084% INC	LUSIV	E E			
TEST 1 ♥ ,098		TEST 2 # .099				TEST 3 ☞ .100			
RFI DETECTOR OPERATING	1						1 1 2 2 2 2		
INDICATE THE NUMBER OF BRE (DO NOT INCLUDE SELF-ADMINI			LOWIN	G RANGES	SINCE .	THE LAST N	MAINTENA	NCE REPORT:	
		1	4		0		0	1	0
REFUSALS 0 (004) List any new parts and describe an								(OVER .19)	
established limits (use other side if i			AT THAT I	ras made to	1001010	mo monume	in to opore	no banaraolomy	and manin
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]
									-
NSPECTING OFFICER							<u> </u>		
SIGNATURE (1) A ST						PRINT NAME Wesley H Edwards			
YPE II PERMIT NUMBER/EXPIRATION DATE 230200 / 09/19/2015	·		· · · · · · · · · · · · · · · · · · ·			TELEPHONE NUM (816) 252-	18EA		
	Brooth At	nohol Program	MO Don	arlmont of U	allh an			theast District O	ffica
:	2875 Jan	conol Program, les Boulevard uff, MO 63901	мо вер	atment of He	રતાલા સા	IG ORINO ORI	AICAS! SOR	meast District O	IIICE .



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15050 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 11, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is March 9, 2017 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerlliant Reference Standard lot number FN08051301 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

TEST RECORD 00389

TEST RECORD 00389

Temp Date Time 210L,

Air Blank:
07/07/15 22:37 .000
Calibration Check:
22 07/07/15 22:37 .098

Subject Name

Subject I.D.

Degrator Name, I.D.

Location

Last Herage way

AS IV Serial not 862693
Version not 532B

TEST RECORD 00390Temp Date Time 216L

Air Blank:
 07/07/15 22:39 .000
Calibration Check:
 23 07/07/15 22:39 .099

Subject Name

Subject I.D.

Decratory yang. 1.D.

Edurals 908
Location

Location

Location

Suppress way

Suppress way

Suppress way

AS IV Serial no: 062093 Version no: 532B TEST RECORD 00391 7emr Date/ Time 210L Air Blank! 07/07/15 22:41 ,600 Calibration Check: 24 07/07/15 22:41 .100 Subject Name Subject I.D. Operator Name: 1.D. Educate 968 Location AS IV Serial not 862093 Version not 532B TEST RECORD 00392 Temp Date Time 2161. VOID: RFI 12 07/07/15 22:42 Subject Hame Subject I.D. 🦠 s Operator Name, I.D. Edwards Location 1001 Heroes way

sugar Creek mo